



Consistent with the provisions in the certification program and 9VAC25-850-50, I certify that

_____ is currently employed by
(Employee name)

_____ as a/an
(Company or Agency Name)

_____ who performs a portion of their duties as an
(Job Title)

(ESC Program Administrator, Inspector, Plan Reviewer, Combined Administrator)

since _____ and has accumulated _____ hours.
(Date)

(Supervisor's signature) (Date)

(Supervisor's printed name) (Position)

Note: Only the experience actually performed as an ESC Inspector, Plan Reviewer, or Program Administrator will apply toward certification.

If an employer (supervisor) falsifies any of the above information, the employee's certification(s) will be revoked until a hearing can be held. Falsifying information may void the certification.

As part of the certification process, please complete this form and print the document. Then, submit the document, *via email* [to: certification@deq.virginia.gov](mailto:certification@deq.virginia.gov)